

RSL Counseling and Coaching, LLC
Rochelle Ladin, MS LPC NCC ACS

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures of Protected Health Information:

The Practice may use or disclose your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the Practice has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Rule or State law.

Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. We may also disclose protected health information to physicians who may be treating you or consulting with the Practice with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

Payment. Your protected health information will be used and disclosed, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurer to get approval for the treatment that we recommend. For example, if a certain level of service is recommended, we may need to disclose information to your health insurer to get prior approval for the level of service. We may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered. In order to get payment for your services, we may also need to disclose your protected health information to your insurance company to demonstrate the medical necessity of the services or to demonstrate that required documentation exists. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.

Other Uses and Disclosures. As part of treatment, payment and healthcare operations, we may also use or disclose your protected health information for the following purposes:

- To remind you of an appointment including the use of post cards and/or messages left on answering machines.
- To inform you of potential treatment alternatives or options.
- To inform you of health-related benefits or services that may be of interest to you.

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object:

The HIPAA Privacy Rule also allows us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

When Legally Required. We will disclose your protected health information when we are required to do so by any Federal, State or local law.

When There Are Risks to Public Health. We may disclose your protected health information for the following public activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law.
- To report vital events such as birth or death as permitted or required by law.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- To report to employer information about an individual who is a member of the workforce as legally permitted or required.

To Report Abuse, Neglect Or Domestic Violence. We may notify government authorities if we believe that a consumer is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the consumer agrees to the disclosure.

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To Conduct Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information are not directly related to your receipt of health care or public benefits.

In Connection With Judicial And Administrative Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a signed authorization.

For Law Enforcement Purposes. We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the Agency has a suspicion that your death was the result of criminal conduct.
- In an emergency in order to report a crime.

In the Event of A Serious Threat To Health Or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Worker's Compensation. The Agency may release your health information to comply with worker's compensation laws or similar programs.

III. Uses and Disclosures That You Authorize:

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

IV. Your Rights:

In addition to other rights you may have under State law, you have the following rights under HIPAA regarding your health information:

The right to inspect and copy your protected health information. You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

The right to request a restriction on uses and disclosures of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. The Practice is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the Practice does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction.

The right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request.

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The right to request amendments to your protected health information. You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. For example, if we believe that the information is correct as is. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

V. Our Duties:

The Practice is required by law to maintain the privacy of your health information and to provide you with this Notice. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain.

VI. Complaints:

You have the right to express complaints to the Practice and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

VII. Contact Person :

The Practice's contact person for all issues regarding patient privacy and your rights under HIPAA is Rochelle Ladin, LPC /RSL Counseling and Coaching, LLC. Information regarding matters covered by this Notice can be requested by contacting Rochelle Ladin, LPC /RSL Counseling and Coaching, LLC. Complaints against the Practice, can be mailed by sending it to:

RSL Counseling and Coaching, LLC
Rochelle Ladin, LPC
96 Freneau Avenue
Box 10
Matawan, NJ 07747

(732) 589-1780

VIII. Effective Date

This Notice is effective June 15, 2017

RSL Counseling and Coaching, LLC
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HIPAA Acknowledgement Form

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.

I acknowledge that I have received a copy of the RSL Counseling and Coaching, LLC 's HIPAA Notice of Privacy Practices.

Print Name: _____ Date: _____ Signature: _____

Print Name: _____ Date: _____ Signature: _____

Print Name: _____ Date: _____ Signature: _____

FOR OFFICE STAFF USE ONLY

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation it was not possible to obtain an acknowledgement.
- We weren't able to communicate with the patient.
- Other (Please provide specific details) _____

Employee Signature _____ Date _____